

Texas Department of Health  
Infectious Disease Epidemiology and Surveillance Division  
Austin, Texas (512) 458-7228

**Etiologic diagnosis:**      SLE      WEE      EEE      CE      VEE      Dengue      Other:

S E R O L O G I C  T E S T S		Date of specimen >				Laboratory Name
	Test for	Circle type of test	Show result below	Show result below	Show result below	
	Dengue	CF HI IgM PCR				
	Yellow fever	CF HI IgM PCR				
	SLE	CF HI IgM PCR				
	EEE	CF HI IgM PCR				
	WEE	CF HI IgM PCR				
	VEE	CF HI IgM PCR				
	CE	CF HI IgM PCR				
	Measles	CF HI IgM PCR				
	Rubella	CF HI IgM PCR				
	Parvo	CF HI IgM PCR				
	Murine typhus	CF HI IgM PCR				
	RMSF	CF HI IgM PCR				
	Ehrlichia	CF HI IgM PCR				
Other						
I S O L A T E S	Specimen date	Results		Serotype		Laboratory Name
O T H E R	Specimen date	Test	Results	Specimen date	Test	Results
		WBC			Aldolase	
		Diff			CPK	
		Platelets			CSE/WBCs	
		SGOT			CSE glucose	
		SGPT			CSE protein	
E P I D E M I O L O G Y	Occupation: _____ (Give exact job, type of business or industry, location, work shift, and % of time spent outside)					
	Prior military service? YES NO If YES, date of discharge: _____					
	Does the patient have a history of travel to Mexico or other international destinations in the 15 days prior to onset? YES NO					
	If YES, Date: _____ Location: _____					
	Date: _____ Location: _____					
	Date: _____ Location: _____					
	Is there a history of yellow fever vaccination? YES NO If YES, date of last vaccination: _____					
	Does patient's residence have air conditioning? YES NO If no, are the windows screened? YES NO					
	Have any household members experienced similar symptoms recently? YES NO IF yes, describe: _____					
	What is the probable place of exposure? _____					
O T H E R						

Investigated by: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

IDEAS FORM 7 (11/98 revision)